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Bib Data Sheet

CONFIRMATION NO. 6013

<b>SERIAL NUMBER</b> 09/927,965	<b>FILING DATE</b> 08/10/2001 <b>RULE</b>	<b>CLASS</b> 210	<b>GROUP ART UNIT</b> 1723	<b>ATTORNEY DOCKET NO.</b>
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**APPLICANTS**  
Michael A. Harvey, Spofford, NH;  
Daniel S. Osborn, Sullivan, NH;  
John L. Tonkinson, Keene, NH;

**\*\* CONTINUING DATA \*\*\*\*\***  
THIS APPLN CLAIMS BENEFIT OF 60/224,616 08/11/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** NONE

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
\*\* 09/17/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NH	SHEETS DRAWING 3	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>JK</i>				

**ADDRESS**  
Brian D. Voyce  
Suite C204  
1100 Possum Trot Road  
North Myrtle Beach, SC 29582

**TITLE**  
Lateral flower plasma separation device

<b>FILING FEE RECEIVED</b> 746	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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